

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3543AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2009
NAME OF PROVIDER OR SUPPLIER COTTAGES OF GREEN VALLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 2620 E ROBINDALE ROAD HENDERSON, NV 89074		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation initiated on 7/6/09 and completed during an annual State Licensure survey conducted in your facility on 8/4/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for 48 Residential Facility for Group beds for elderly and disabled persons, Category II residents, and 55 beds for care to persons with Alzheimer's disease Category II residents. The census at the time of the survey was 89. Twenty resident files were reviewed and fifteen employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D.</p> <p>Complaint #NV00022444 was substantiated. See Tag Y393</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to</p>	Y 103		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 255	Continued From page 2	Y 255			
Y 255 SS=F	<p>449.217(6)(a)(b) Permits - Comply with NAC 446</p> <p>NAC 449.217</p> <p>6. A residential facility with more than 10 residents must:</p> <p>(a) Comply with the standards prescribed in chapter 446 of NAC.</p> <p>(b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 8/4/09, the facility failed to comply with the standards prescribed in chapter 446 of NAC. The facility failed to ensure the following:</p> <ul style="list-style-type: none"> - The microwave in the kitchen was a NSF approved unit. - The toasters and microwaves in 9 of 9 cottages were commercial NSF/ANSI units. - The reach-ins in 6 of 9 cottages were NSF/ANSI units. - The sanitizer solution for wiping cloths was the correct concentration. - The can opener, cutting board, and slicer in the kitchen were free of food debris. - The hood filter, fryer cabinets, ovens, spice shelf, sugar and flour bins were thoroughly cleaned. 	Y 255			

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Y 255	Continued From page 3 - The dumpster lids were closed and the surrounding area was cleaned and swept. - The floors in the kitchen and walk-in were clean. - The ceilings and ceiling vents were clean on the cooks line, prep area, and dish machine area. - The filter was in the hood when cooking. - Nonessential equipment was stored neatly and off the floor. Severity: 2 Scope: 3	Y 255		
Y 393 SS=I	449.226(4)(a)-(c) Safety Requirements NAC 449.226 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility. This Regulation is not met as evidenced by: Surveyor: 28276 Based on interview and observation from 7/15/09	Y 393		

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Y 393	<p>Continued From page 4</p> <p>to 8/4/09, the facility failed to ensure the auditory system in 5 of 8 cottages were operational and continuously monitored by a member of the staff.</p> <p>Findings include:</p> <p>On 7/15/09, the investigator pressed several call buttons in the red cottage without a response. Surveyors returned to complete a full survey due to concerns related to the call system</p> <p>On 8/4/09, the surveyors pressed call buttons in 8 cottages:</p> <p>At 9:00 AM the call button in the bathroom of room 300 of the Elm Cottage was pushed, the caregiver responded at 9:05 AM.</p> <p>At 9:20 AM the call button in the bathroom of room 201 of the Oak Cottage was pushed. The caregiver did not respond. When asked about the page, the caregiver stated she did not carry the pager, it was located in a drawer in the kitchen.</p> <p>At 9:37 AM the call button was pushed in the Maple Cottage, the caregiver responded at 9:38 AM.</p> <p>At 10:20 AM the call button in the bathroom of room 503 of the Green Cottage was pushed, the caregiver did not respond. The pager was checked and the page did not register. The call button in the bathroom of room 503 was checked several times while holding the pager, the pager did not register the page.</p> <p>The call button in the bathroom of room 903 of the White Cottage was pushed, the caregiver failed to respond. The pager was checked and</p>	Y 393		

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Y 393	<p>Continued From page 5</p> <p>the page did not register on the pager.</p> <p>The call button in the bathroom of room 804 of the Red Cottage was pushed, the caregiver failed to respond. The caregiver took the pager with her on break and the relief caregiver did not have a pager.</p> <p>The call button was pushed in the bathroom of the bedroom in room 604 of the Blue Cottage the caregiver responded.</p> <p>Call buttons were pushed in the Yellow Cottage and the caregiver's pager were not consistently registering the calls.</p> <p>Call buttons were not tested in the Purple Cottage, at this point in time, Employee #11 acknowledged there were system wide problems.</p> <p>In addition, on 7/22/09, the investigator spoke with Resident #1 from the Red Cottage who said when she has pushed her pendant button and the call button in her room there have been several times when no one came to check on her. She reported she recently fell at night, pushed the pendant she wore around her neck and no one responded. Resident #1 stated she was able to drag herself into the bathroom to push the call button there, after about 20 minutes a caregiver responded.</p> <p>Three incident reports were provided by the facility for Resident #1. The first incident report dated 7/10/09 at 5:00 PM indicated an employee went to call Resident #1 for dinner and found her on her knees on the floor. Nursing notes dated 7/11/09 at 3:00 PM indicated resident fell in her room the previous evening, landed on her right knee. The second incident report dated 7/17/09</p>	Y 393		

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Y 393	Continued From page 6 at 1:15 PM indicated Resident #1 was found in the hallway sitting on her bottom. Resident stated she fell in her bathroom when reaching for something, resident "scoot on her behind to hallway". The writer of the incident report indicated she and another employee helped her get up. The third incident report dated 7/20/09, indicated Resident #1 paged at 11:16 PM, was found sitting on the toilet and said she fell in the bathroom. Severity: 3 Scope: 3	Y 393		
Y 693 SS=D	449.2712(2) Oxygen-Caregiver monitor resident ability NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition;	Y 693		

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Y 743	Continued From page 8 (2) A medical professional who has been trained to provide that care. (b) Waste from the use of the catheter is disposed of properly. (c) Privacy is afforded to the resident while care is being provided; and (d) The bag of the catheter is emptied by a caregiver who has received instruction in the handling of such waste and the signs and symptoms of urinary tract infections and dehydration. This Regulation is not met as evidenced by: Surveyor: 28263 Based on observation and interview on 8/4/09, the facility failed to ensure the caregiver of 2 of 2 residents (Resident #15 and #19) who had an indwelling catheter complied with NAC 449.272. The caregiver in the Purple Cottage on 8/4/09 at 4:05 PM, conveyed he had no knowledge of urinary tract infections or dehydration. Severity: 2 Scope: 3	Y 743		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the	Y 859		

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Y 878	Continued From page 10 This Regulation is not met as evidenced by: Surveyor: 28263 Based on record review and interview on 8/4/09, the facility failed to ensure 10 of 20 residents received medications as prescribed (Resident #6, #7, #9, #10, #11, #13, #15, #17 & #18). The facility failed to ensure medications were available for Resident #6, #7, #9, and #13. The facility failed to provide documentation of a medication change order for Resident #9, #10, #11, #17 and #18. Severity: 2 Scope: 2	Y 878		
Y 898 SS=E	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Surveyor: 28263 Based on record review on 8/4/09, the facility failed to ensure the medication administration record (MAR) was accurate for 9 of 20 residents (Resident #9, #10, #11, #12, #13, #14, #15, #17, & #20).	Y 898		

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Y 898	Continued From page 11 Severity: 2 Scope: 2	Y 898		
Y 908 SS=D	449.2746(2)(a)-(f) PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. This Regulation is not met as evidenced by: Surveyor: 28263 Based on record review on 8/4/09, the facility did not ensure the medication record was complete for 3 of 20 residents receiving as needed (PRN) medications (Resident #6, #13 and #15). Severity: 2 Scope: 1	Y 908		
Y 922 SS=D	449.2748(3)(a) Medication Labeling	Y 922		

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Y 936	Continued From page 13 failed to ensure 4 of 20 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #7, #9, #14, and #20) which affected all residents. Resident #7, #9 and #14 failed to have evidence of a 2 step TB test. Resident #20 failed to have evidence of the 2nd step of the 2 step TB test. This was a repeat deficiency from the 10/29/08 State Licensure survey. Severity: 2 Scope: 3	Y 936		
Y 994 SS=F	449.2756(1)(e) Alz fac -Dangerous items NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Surveyor: 25096 Based on observation on 8/4/09, the facility failed to ensure knives, scissors, a razor, nail clippers, and a curling iron were inaccessible to the residents in 3 of 3 Memory Care Cottages. (Elm, Oak and Maple) This was a repeat deficiency from the 10/29/08 State Licensure survey. Severity: 2 Scope: 3	Y 994		

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Y 999 SS=F	<p>449.2754(1)(g) Alzheimer's Facility-Toxic substances</p> <p>NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.</p> <p>This Regulation is not met as evidenced by: Surveyor: 25096 Based on observation on 8/4/09, the facility failed to ensure all toxic substances were inaccessible to the residents in 2 of 3 Memory Care Cottages. Calmoseptine ointment, protective ointment, wound cleanser, and furniture polish were unlocked in the kitchen. Eye wash and wound cleanser were observed unlocked in the community bathroom next to the kitchen in the Oak Cottage.</p> <p>This was a repeat deficiency from the 10/29/08 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 999			

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